BEAVER DAM CARE CENTER
410 ROEDL COURT

BEAVER DAM 53916 Phone: (920) 887-719	1	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	99	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	110	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	82	Average Daily Census:	85
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Services Provided to Non-Residents		Age, Gender, and Primary Di	_		12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis		Age Groups	 왕	Less Than 1 Year	13.4
Supp. Home Care-Personal Care	No					1 - 4 Years	46.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years	23.2
Day Services	No	Mental Illness (Org./Psy)	18.3	65 - 74	15.9		
Respite Care	Yes	Mental Illness (Other)	2.4	75 - 84	31.7		82.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.2	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	8.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.4			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	8.5		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	29.3	65 & Over	96.3		
Transportation	No	Cerebrovascular	9.8			RNs	11.5
Referral Service	No	Diabetes	8.5	Gender	용	LPNs	10.2
Other Services	No	Respiratory	9.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	9.8	Male	29.3	Aides, & Orderlies	40.5
Mentally Ill	No			Female	70.7		
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		edicare itle 18			edicaio itle 19			Other			Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	356	61	100.0	109	1	100.0	119	10	100.0	164	0	0.0	0	0	0.0	0	82	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		61	100.0		1	100.0		10	100.0		0	0.0		0	0.0		82	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	11.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.6	Bathing	4.9		74.4	20.7	82
Other Nursing Homes	0.0	Dressing	17.1		65.9	17.1	82
Acute Care Hospitals	87.1	Transferring	22.0		53.7	24.4	82
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.2		52.4	24.4	82
Rehabilitation Hospitals	0.0	Eating	67.1		23.2	9.8	82
Other Locations	0.6	*******	*****	*****	* * * * * * * * * * * * * * * * * * *	*****	*****
Total Number of Admissions	155	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	6.1	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	42.9	Occ/Freq. Incontiner	t of Bladder	35.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	9.9	Occ/Freq. Incontiner	it of Bowel	24.4	Receiving Suct	ioning	0.0
Other Nursing Homes	6.8				Receiving Osto	my Care	1.2
Acute Care Hospitals	7.5	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.6	Physically Restraine	ed	0.0		anically Altered Diets	0.0
Rehabilitation Hospitals	0.0	. <u>.</u> .			3	-	
Other Locations	8.1	Skin Care			Other Resident C	haracteristics	
Deaths	24.2	With Pressure Sores		6.1	Have Advance D	irectives	0.0
Total Number of Discharges		With Rashes		2.4	Medications		
(Including Deaths)	161				Receiving Psyc	hoactive Drugs	0.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	% % Ra		% Ratio		Ratio %		8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73.1	84.6	0.86	87.2	0.84	88.1	0.83	87.4	0.84
Current Residents from In-County	91.5	75.5	1.21	78.9	1.16	69.7	1.31	76.7	1.19
Admissions from In-County, Still Residing	14.8	18.9	0.78	23.1	0.64	21.4	0.69	19.6	0.76
Admissions/Average Daily Census	182.4	152.9	1.19	115.9	1.57	109.6	1.66	141.3	1.29
Discharges/Average Daily Census	189.4	154.8	1.22	117.7	1.61	111.3	1.70	142.5	1.33
Discharges To Private Residence/Average Daily Census	100.0	63.8	1.57	46.3	2.16	42.9	2.33	61.6	1.62
Residents Receiving Skilled Care	100	94.6	1.06	96.5	1.04	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	96.3	93.7	1.03	93.3	1.03	93.1	1.04	87.8	1.10
Title 19 (Medicaid) Funded Residents	74.4	66.0	1.13	68.3	1.09	68.8	1.08	65.9	1.13
Private Pay Funded Residents	12.2	19.0	0.64	19.3	0.63	20.5	0.59	21.0	0.58
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	20.7	31.3	0.66	39.6	0.52	38.2	0.54	33.6	0.62
General Medical Service Residents	9.8	23.7	0.41	21.6	0.45	21.9	0.45	20.6	0.47
Impaired ADL (Mean)	46.6	48.4	0.96	50.4	0.92	48.0	0.97	49.4	0.94
Psychological Problems	0.0	50.1	0.00	55.3	0.00	54.9	0.00	57.4	0.00
Nursing Care Required (Mean)	1.2	6.6	0.19	7.4	0.16	7.3	0.17	7.3	0.17